IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	Art Unit: 2811
Yoshihiro OKADA	Examiner: Donghee Kang
Serial No: 10/773,112	
Filed: February 5, 2004	
For: CHARGE TRANSFER ELEMENT HAVING HIGH OUTPUT SENSITIVITY	

[Stamp: DEC 09 2005 — OIPE / GROUP AP85 / PATENT & TRADEMARK OFFICE]

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
December 7, 2005
Date of Deposit
John P. Scherlacher, Reg. No. 23,009
Name
[signature] 12/07/05
Signature   Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Response To Office Action in the above-identified application.

☐ A certified copy of _ Patent Application No. __ filed _ from which priority is claimed under 35 U.S.C. § 119 is enclosed.

☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM $ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	4	-20	20 **	0	LG=$50 SM=$25	$50	$ 0
INDEPENDENT CLAIMS FEE	1	-3	3 ***	0	LG=$200 SM=$100	$200	$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS				LARGE ENTITY FEE = $360 SMALL ENTITY FEE = $180			$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)			$250 FOR EACH ADDITIONAL 50 SHEETS				$ 0
						TOTAL	$ 0

*   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
**   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col..1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of $ -0- to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**

☐ A check in the amount of $ -0- to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

  ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
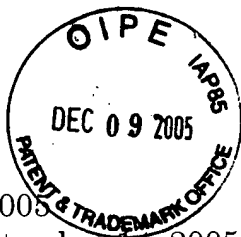 ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: _[signature]_

John P. Scherlacher
Registration No. 23,009
Attorney for Applicant(s)

Date: December 7, 2005

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Appl. No. 10/773,112
Amdt. Dated December 7, 2005
Reply to Office Action of September 14, 2005

Attorney Docket No. 81784.0300
Customer No.: 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Yoshihiro OKADA

Serial No: 10/773,112

Confirmation No.: 3944

Filed: February 5, 2004

For: CHARGE TRANSFER ELEMENT
HAVING HIGH OUTPUT
SENSITIVITY

Art Unit: 2811

Examiner: Donghee Kang

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 12/07/05
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RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of September 14, 2005, please amend the above-identified application as follows:

A listing of Claims begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

\\\LA - 81784/0300 - 251979 v1